

STATE OF RHODE ISLAND

Bd. of Registration for Professional Engineers

1 Capitol Hill, 3rd. Floor
Providence, RI 02908
(401) 222-2565 Fax: (401) 222-5744
www.bdp.state.ri.us

IMPORTANT INFORMATION

EFFECTIVE 9/1/03.....

only complete application packages will be accepted in this office.

All required documentation must be in sealed envelopes and must be submitted with the application and fee. Incomplete packages will not be processed and will be returned to the applicant.

**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
STATE BOARD OF REGISTRATION FOR
PROFESSIONAL ENGINEERS**

BOARDS FOR DESIGN PROFESSIONALS
1 CAPITOL HILL, 3RD FLOOR, PROVIDENCE, R.I. 02908-5860
(401) 222-2565 Fax: (401) 222-5744

Attach in this space unmounted
recognizable recent photograph with face
not less than inch wide.

Photograph taken more than six months
prior to filling application is not
acceptable. Professional passport type
required.

Do not use staples when attaching
photograph. Paste or cellophane tape may
be used.

Affix signature on photo at the bottom.

APPLICATION FOR CERTIFICATION AS AN ENGINEER -IN- TRAINING

I apply for certification as an Engineer -In- Training in the State of Rhode Island under the provisions of Section 5-8-11(2) of Rhode Island General Laws as amended under the classification marked below.

Check one Classification

☐ Graduation and Examination: §5-8-11(2)(a)

☐ Graduation from a nonaccredited program and examination: §5-8-11(2)(b)

Submit copy of Bachelor of Science Degree with this application or within one year from date of this application.

Certificate number will not be issued without receipt of said document.

I enclose check (☐) money order (☐) for FORTY DOLLARS payable to the General Treasurer, State of Rhode Island

I. GENERAL INFORMATION

1. Name (as desired on certificate) _____
2. Address _____ City _____ State _____ Zip Code _____
3. Telephone (Home) _____ (Work) _____
4. Date and place of birth _____
5. Have you been refused certification by another state? _____
6. If so, which? _____
7. Are you engaged in engineering work at the present time? _____
8. If not, state occupation (If student, so state with date of graduation) _____
9. Memberships in Prof. Societies _____
10. Social Security Number _____
11. Have you previously taken an EIT test? _____. If yes, provide the following particulars:
State _____ Year(s) _____ Pass _____ Fail _____

II. REFERENCES

List below three (3) citizens, one (1) of whom shall be a registered professional engineer familiar with your engineering education and experience. (Do not include relatives or members of the Board).

Name	Address	Occupation	Relationship

FORM E.I.T.

III. FORMAL EDUCATION

Key	Name and Address of Institution	(B) Preparatory School		Date of Graduation	Courses Completed Degrees
		Years Attended			
		From	To		
A					
B					
C					(1)
D					(1)

(1) List Major Courses of Study:

If either of the C-Key institutions listed above are **FOREIGN INSTITUTIONS**, the applicant must have his/her education evaluated through Engineering Credentials Evaluation International (ecei), 211 East Lombard Street #357, Baltimore, MD 21202
 Telephone: 410-347-7728, Fax: 410-625-2238, E-mail: info@ecei.org Website Address <http://www.ecei.org>

IV. EXPERIENCE RECORD

Important: Do not fill out until you read and understand this form.

Date	For each engagement, list experience in the following format: (1) Title of Position (2) Name of Employer (3) Character of engagement – Describe work with concise and explicit statements. Include complexity of work, duties and degree of responsibility. List engagement in chronological order, earliest engagement first. All time since high school or age 18 (whichever is later) must be accounted for, including military time, illness, unemployment, etc.	Non Engineering Employment		Engineering Experience		NAME, ADDRESS & ZIP CODES of Immediate supervisor. (If not a Registered Professional Engineer, also furnish name of registered Professional Engineer under whose supervision you were employed.)
From To	Yrs	Mos.	Yrs	Mos.		
____Yrs. ____Mos. Calendar	TOTAL TIME (Total Engineering Time may not exceed Total Calendar Time)					Total summarized by applicant.

Date Mailed _____

AFFIDAVIT

(To be made before a Notary Public or other official qualified by law to administer oaths.)

The undersigned, being duly sworn, upon his oath deposes and says that the foregoing statements to the best of his knowledge and belief are true and made in good faith.

Applicant's Signature

Subscribed and sworn to before me this _____ day of _____

Notary Public

My commission expires _____

(This space not to be used by Applicant) RECORD OF BOARD

Check No. _____

Date _____

Name of Applicant _____

Amount of fee paid \$ _____

Considered by the Board _____

Action of the Board _____

Personal Interview Held _____ Date _____

Certificate Issued _____

Number _____

Certificate Mailed _____

Discipline _____

Examination given:

Date _____ State _____ Score _____

Date _____ State _____ Score _____

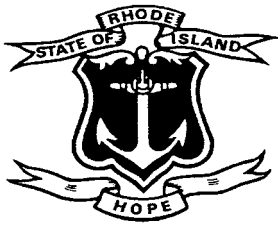
Date _____ State _____ Score _____

Date _____ State _____ Score _____

Date Reviewed By: _____

Secretary's Notes:

Program Accredited Yes _____ No _____



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INSTRUCTION SHEET

APPLICATION FEE - the application fee for **ENGINEER-IN-TRAINING** shall be forty dollars (\$40.) made payable to: General Treasurer, State of RI, and shall accompany the complete application package. **This fee is non-refundable.**

APPLICATION - **Applicant must submit a complete application package.** All required forms and documentation **must be in sealed envelopes** and attached to the application. It is imperative that all information requested on the application be completed and the photograph affixed and signed. Applications and/or documentation received which are not in sealed envelopes or are incomplete will not be reviewed or considered by the Board and the **entire application package** will be returned to the applicant.

APPLICATION DEADLINE DATE FOR EXAM - Application and all required documentation must be received or postmarked by **January 1** for the April examination and by **August 1** for the October examination. Applications received after these dates will be considered for the following test administration.

I. GENERAL INFORMATION

A. Complete all personal information. Be sure to affix your signature across your photo.

B. If response to question #11 is yes and you hold an engineer-in-training certification in another state, you must send a verification of registration form to that state with applicable fees, if any.

II. REFERENCES

A. General Reference Form - The information on this form pertains to the applicant. On the application, list three (3) people, who can be used as references, not less than one (1) who is a registered professional engineer. Indicate their address, occupation and relationship in the space provided.

III. FORMAL EDUCATION

A. APPLYING BY EXAM -

1. Graduate - You must send a Verification of Education form to the appropriate university in the U.S.

2. Sr. Year - You must send a Verification of Education-Sr. Year form to the appropriate university in the U.S.

B. APPLYING BY COMITY -

1. You must send a Verification of Education form to the appropriate university in the U.S.

C. **GRADUATE OF A FOREIGN INSTITUTION** - Applicants whose degrees were earned at foreign institutions must have their education evaluated through Engineering Credentials Evaluation International (ECEI), 111 Market Place, #171, Baltimore, MD 21202, Tel: 410-843-7171, Fax: 410-843-7186, E-mail: mzhou@abet.org, Website Address: <http://www.ecei.org>.

IV. PROFESSIONAL EXPERIENCE

A. Begin with your present position.

B. List "from and to" dates in years and months.

(Over)

IV. PROFESSIONAL EXPERIENCE (cont'd.)

- C. Fill in title of position, name of employer and a **detailed** description of duties and responsibilities, **not projects**. If this description does not fit in the block provided on the application, an attachment must be submitted accordingly.
- D. Complete Non-Engineering Employment columns in years and months. **Do not leave blank columns.**
- E. Complete engineering experience columns in years and months. **Do not leave blank columns.**
- F. Indicate the name and address of immediate supervisor or professional engineer to whom you directly reported.
- G. You must complete the total time for all four (4) columns at the bottom of this section. **Do not leave blank columns.**

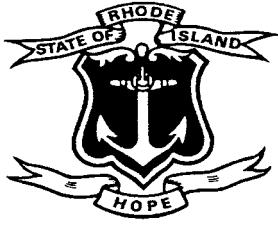
V. AFFIDAVIT

- A. This section must be completed in the presence of a Notary Public.
-

CHECKLIST...Please verify that the following are included in your application.

- | | |
|--|--|
| <input type="checkbox"/> Check for \$40. payable to: Treasurer, State of RI. | <input type="checkbox"/> Supplemental Information Form is included. |
| <input type="checkbox"/> All information in Section 1 is completed in full. | <input type="checkbox"/> Three (3) general reference forms in sealed envelopes . |
| <input type="checkbox"/> Signature on affixed photograph. | <input type="checkbox"/> Verification of Education and/or Sr. Year in a sealed envelope . |
| <input type="checkbox"/> Affidavit is completed and notarized. | |

KEEP A COPY OF YOUR APPLICATION FOR YOUR RECORDS.



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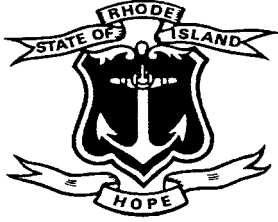
STATE BOARD OF REGISTRATION FOR PROFESSIONAL ENGINEERS

RULES OF THE BOARD

IV- EXAMINATIONS (2.)

SUBJECT: Board Policy on the number of times an applicant may be allowed to take the Fundamentals of Engineering (FE) or Professional Engineer (PE) exams.

1. That a qualified applicant will be allowed to take the FE or PE exam a total of three (3) times. This would be an aggregate total regardless of where the exam was taken.
2. An applicant who has failed three (3) times, may request permission to take the exam for a fourth and final time, if:
 - a) Their score on their last attempt was a minimum of sixty (60) and
 - b) They agree to take and complete an appropriate review course or graduate courses in areas of their deficiency and submit written proof to the Board of having successfully completed such course or courses.
3. An applicant who fails the FE or PE exam a total of four (4) times, regardless of where or when the exam was taken, shall not be allowed to take the exam in Rhode Island, nor be granted a registration by reciprocity or comity should they pass it at a future date in a different state or jurisdiction.
4. An applicant who does not properly inform the Board of previous attempts to pass the exam in another state or jurisdiction, if such information comes to the Board's attention, shall be barred from taking any more exams in Rhode Island or shall have any license gained in Rhode Island revoked.
5. If an applicant obtains an additional engineering degree from an ABET accredited school then the Board may grant relief from these provisions for good cause shown.



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TITLE 5 - CHAPTER 8

ENGINEERS

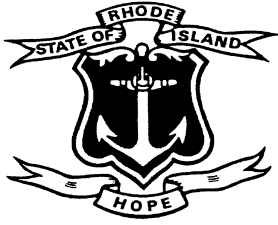
5-8-11 (2) GENERAL REQUIREMENTS FOR REGISTRATION AS AN ENGINEER-IN-TRAINING

A. GRADUATION AND EXAMINATION

A graduate of an ABET accredited engineering curriculum of four (4) years or more who has passed the Board's eight (8) hour written examination in the fundamentals of engineering is certified or enrolled as an engineer-in-training, if he or she is qualified.

B. GRADUATION FROM A NON-ACCREDITED PROGRAM AND EXAMINATION

A graduate of a non-accredited engineering curriculum of four (4) years or more who has passed the Board's eight (8) hour written examination in the fundamentals of engineering and has obtained two (2) years of engineering experience of a grade and character approved by the board is certified and enrolled as an engineer-in-training, if he or she is qualified.



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SUPPLEMENTAL INFORMATION FORM

PLEASE LIST EACH AND EVERY TIME THAT YOU HAVE TAKEN THE **FUNDAMENTALS OF ENGINEERING (EIT)** EXAMINATION.

APPLICANT'S NAME & ADDRESS

COMPLETE ALL INFORMATION REQUESTED BELOW.

EXAM	DATE	STATE	RESULTS	
			Pass	Fail

Please fill in the following:

I have taken the Fundamentals of Engineering Exam (EIT) a total of _____ times.

I am the applicant named in this application and to the best of my knowledge and belief; the above foregoing statements are true and correct in every respect.

SIGNATURE: _____

PRINT NAME: _____

DATE: _____



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GENERAL REFERENCE FORM

APPLICANT'S NAME & ADDRESS

Please return this form directly to the applicant in a sealed envelope.

To: _____

The above listed individual has filed an application for a certificate of qualification as an ENGINEER-IN-TRAINING with this Board. Please complete the information requested below and furnish any additional information, which may be of value to the Board when reviewing the application.

Information furnished by references is for the confidential use of the Board and the source and character of this information will not be divulged except in special cases when requested by other legally authorized State Boards of Registration.

1. GENERAL INFORMATION

<u>PRESENT POSITION OF APPLICANT</u>	<u>NUMBER OF YEARS KNOWN</u>	<u>IS APPLICANT INVOLVED IN ENGINEERING WORK OR STUDIES?</u>

Applicant's character and personal reputation are _____

In your opinion does the applicant indicate potential to be a credit to the engineering profession? _____

Remarks: _____

AUTHORIZED SIGNATURE: _____

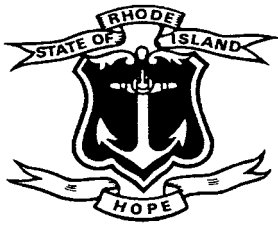
TELEPHONE NO. _____

PRINT NAME: _____

TITLE: _____

DATE: _____

Are you a Registered Professional Engineer? _____ Yes _____ No



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VERIFICATION OF REGISTRATION

STATE BOARD NAME & ADDRESS

Please return this form directly to the applicant in a sealed envelope.

APPLICANT'S NAME & ADDRESS

To: _____

Social Security No: _____
Date of Birth: _____

I. THE ABOVE NAMED PERSON WAS REGISTERED AS:

		<u>Certificate No.</u>	<u>Date Issued</u>	<u>Valid until</u>
ENGINEER IN TRAINING	<input type="checkbox"/> FE	_____	_____	_____
PROFESSIONAL ENGINEER	<input type="checkbox"/> PE	_____	_____	_____

II. BASIS OF REGISTRATION:

☐ 1. WRITTEN EXAMINATION

<u>Hours</u>	<u>Score</u>	<u>Waived</u>	<u>Exam Date</u>	<u>NCEES</u>
--------------	--------------	---------------	------------------	--------------

Fundamentals of Engineering (FE)

Principles & Practice of Engineering (PE)

EXAM DISCIPLINE: _____ **If your state does not license by discipline please check here** _____.

☐ 2. ORAL EXAMINATION: FE Hours: _____ PE Hours: _____

☐ 3. E.I.T. ACCEPTED FROM: _____

☐ 4. P.E. ACCEPTED FROM: _____

☐ 5. EDUCATION AND EXPERIENCE: If less than 8 years experience including graduation from ECPDD engineering curriculum, please check here _____ and give details on the other side.

☐ 6. OTHER: Please give full details on the other side.

III. QUESTIONS:

	<u>Yes</u>	<u>No</u>
1. Has any disciplinary action ever been taken against the applicant?	_____	_____
2. If so, has this disciplinary case been satisfied to the Board's requirements?	_____	_____

If not, give details. _____

IV. _____ PLEASE SEE OTHER SIDE FOR FURTHER EXPLANATION OR COMMENTS.

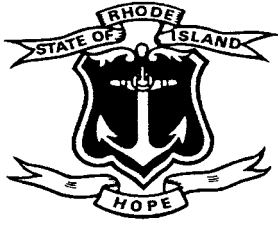
AUTHORIZED SIGNATURE: _____

TELEPHONE NO. _____

PRINT NAME: _____

TITLE: _____

DATE: _____



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VERIFICATION OF EDUCATION

UNIVERSITY NAME & ADDRESS

Please return this form directly to the applicant in a sealed envelope.

APPLICANT'S NAME & ADDRESS

To: _____

Social Security No: _____

Date of Birth: _____

The above listed individual has filed an application for a certificate of qualification as an Engineer-in-training with this Board. Please complete the information requested in the sections below and furnish any additional information, which may be of value to the Board when reviewing the application.

Information secured from references is for the confidential use of the Board and the source and character of this information will not be divulged except in special cases when requested by other legally authorized State Boards of Registration.

The Rhode Island State Board of Registration for Professional Engineers requires that the specific "Type of Degree(s) Received" be filled in by the Registrar's Office. (i.e., B.S. in Civil Engineering)

4. EDUCATION

<u>FROM</u>	<u>YEARS</u>	<u>TO</u>	<u>DATE GRADUATED</u>	<u>TYPE OF DEGREE RECEIVED</u>

Remarks: _____

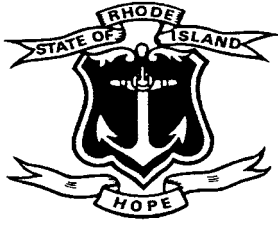
AUTHORIZED SIGNATURE: _____

TELEPHONE NO. _____

PRINT NAME: _____

TITLE: _____

DATE: _____



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VERIFICATION OF EDUCATION - SENIOR YEAR

UNIVERSITY NAME & ADDRESS

Please return this form directly to the applicant in a sealed envelope.

APPLICANT'S NAME & ADDRESS

To: _____

Social Security No: _____

Date of Birth: _____

Kindly verify whether or not the listed individual is currently enrolled in his/her **SENIOR YEAR** in an engineering curriculum. Also please verify the anticipated degree and date.

<u>IS APPLICANT ENROLLED IN</u> <u>SR. YEAR?</u>		<u>ANTICIPATED</u> <u>DEGREE & DATE</u> (i.e., B.S. in Civil Engineering)
<u>YES</u>	<u>NO</u>	
<input type="checkbox"/>	<input type="checkbox"/>	

Remarks: _____

AUTHORIZED SIGNATURE: _____

TELEPHONE NO. _____

PRINT NAME: _____

TITLE: _____

DATE: _____



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VERIFICATION OF PROFESSIONAL EXPERIENCE

APPLICANT'S NAME & ADDRESS

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To: _____

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Information furnished by references is for the confidential use of the Board and the source and character of this information will not be divulged except in special cases when requested by other legally authorized State Boards of Registration.

PROFESSIONAL EXPERIENCE

<u>DATES</u> <u>FROM</u> <u>TO</u>	<u>NAME OF EMPLOYER</u>	<u>SUB-PROFESSIONAL</u> <u>WORK</u> <u>(YRS.)</u>	<u>PROFESSIONAL</u> <u>WORK</u> <u>(YRS.)</u>	<u>RESPONSIBLE</u> <u>CHARGE</u> <u>(YRS.)</u>	<u>DESIGN</u> <u>(YRS./MONTHS)</u>

List position and a brief description of duties and responsibilities: _____

In your opinion is the applicant qualified to be considered for designation as an Engineer-In-Training? _____

In your opinion, the applicant's character and personal reputation are _____

Remarks: _____

AUTHORIZED SIGNATURE: _____

TELEPHONE NO. _____

PRINT NAME: _____

TITLE: _____

DATE: _____